PTO/SB/17 (10-08) Approved for use through 06/30/2010. OMB 0651-0032

U.S. Patent and Trademerk Office; U.S. DEPARTMENT OF COMM Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control r								
Effective on 12	Complete if Known							
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					10/596,245-Conf. #4152			
FEE TRANSMITTAL			Filing Date June 6, 200		June 6, 2006			
For FY 2009			First Named Inventor Toyoaki Yol		Toyoaki Yokoh	hara		
FOLLET	Examiner Name E. Garcia		E. Garcia					
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 3679					
TOTAL AMOUNT OF PAYMENT (\$) 220.00			Attorney Docket No. 09450/02043			53-US0		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
X Deposit Account Deposit Account Number: 04-0100: Deposit Account Name: Darby & Darby P.C.								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of gee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SEARCH, ANI								
	FILING FEES Small En		ARCH FEES Small Entity		ATION FEES Small Entity			
Application Type Fe-	e (\$) Fee (\$		Small Entity Fee (\$)	Fee (\$)	Fee (\$)	Fees F	Pald (\$)	
Utility 3	30 165	540		220	110			
Design 2	20 110	100	50	140	70			
Plant 2	20 110	330	165	170	85			
Reissue 3	30 165	540	270	650	325			
Provisional 2	20 110	0	0	0	0			
2. EXCESS CLAIM FEES							Small Entity	
						Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)						52	26	
Each independent claim over 3 (including Reissues)						220	110	
Multiple dependent claims						390	195	
Total Claims Extra Cla 6 -20 or HP 0	x 52.00		ee Paid (\$) Multiple Deper					
6 -20 or HP 0 x 52.00 = 0.00 Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.								
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)						_		
4 -3 or HP = 1 × 220.00 =			220.00					
HP = highest number of independent claims peid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Si			additional 50 or fra		f Fee (\$)	Fee	Paid (\$)	
- 100 s	/50 =		(round up to a wh	ole number)	x			
4. OTHER FEE(S) Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filingsurchar	\$\frac{1}{2} \frac{1}{2} \frac							
SUBMITTED BY								
Signature	Mila		Registration No. (Attorney/Agent)	47,522	Telephone	(212) 52	7-7700	
Name (Print/Type) Louis J. DelJu	dice				Date	March 2	4, 2009	
/								

Express Mail Label No.	Dated: